



City of Lebanon

BACKFLOW TEST REPORT

Mail to:

600 W. Main St.

Lebanon, OH 45036

513-228-3600

**COST - \$ 15.00 per location
(After due date cost is \$ 35.00)**

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record * keeping purposes.

NAME OF PWS: City of Lebanon PWS I.D.: # OH8304112

MAILING ADDRESS: _____

CONTACT PERSON: _____

LOCATION OF SERVICE: _____

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY		
<input type="checkbox"/> Reduced Pressure Principle	<input type="checkbox"/> Reduced Pressure Principle - Detector	<input type="checkbox"/> Air Gap
<input type="checkbox"/> Double Check Valve	<input type="checkbox"/> Double Check - Detector	<input type="checkbox"/> Other
<input type="checkbox"/> Pressure Vacuum Breaker	<input type="checkbox"/> Spil-Resistent Pressure Vacuum Breaker	

Manufacturer: _____ Size: _____

Model Number: _____ Equip Location Existing New Replacement

Serial Number: _____

Is the Assembly installed in accordance with manufacturers recommendations and/or local codes? Yes No

Test Date _____	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at	Held at
Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Did not Open	_____ PSID <input type="checkbox"/> Leaked
Repairs and Materials Used ** _____					
Final Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: _____ Make/Model: _____ SN: _____ Date Tested for Accuracy: _____

Remarks _____

The above is certified to be true at the time of testing:

Firm Name: _____ Certified Tester : _____

Firm Address: _____ Certified Tester #: _____

Firm Phone #: _____ Date: _____

Test Reports are kept permanently in XC2 Software and are accessible anytime to tester, owners and regulatory authority. Testing is required upon installation, repair, or relocation and annually thereafter. Use only manufacturer's replacement parts.